

## FEDERAL BUREAU OF VITAL STATISTICS

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31590

National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 3487

Primary Registration District No. 3068

Registrar's No. 2144

## 1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7205 El Moro Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 1 year  
(Specify whether years, months or days)

3. (a) PRINT FANNIE JENNINGS FRAZER.  
FULL NAME

3. (b) If veteran, name war: — 3. (c) Social Security No. —

4. Sex: F / 5. Color or race: W 6. (a) Single, widowed, married, divorced: Widowed  
6. (b) Name of husband or wife: Alonzo Frazer 6. (c) Age of husband or wife if alive: — years  
7. Birth date of deceased: January 4th 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 8 5 4 hr. — min.

9. Birthplace: New Petersburg Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Housewife

## 11. Industry or business:

12. Name: Allen G. Thurman  
13. Birthplace: New Petersburg Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name: Nancy Patton  
15. Birthplace: Greenfield Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant: Lucille F. Fischer  
(b) Address: 5974a North Pointe

17. (a) Cremation (b) Date thereof: Sept. 13 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Watson-Bocklage  
(b) Address: 6536 Clayton Rd.

19. (a) 9-10-48 (b) Gene C. Shapko  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis  
(c) City or town: Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 7205 El Moro Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 10  
year: 1948 hour: 4 minute: A.M.

21. I hereby certify that I attended the deceased from Jan. 48 to Sept. 10, 1948  
that I last saw her alive on Sept. 9, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis  
Duration: 2 days

Due to: arteriosclerosis, generalized  
years

Due to: 83 lb

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work? (e) Means of injury

23. Signature: Mary S. Traubner (M. D. or other)  
Address: 634 N. Grand Date signed: 9/10/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Registered Apprentice No.....  
working under my personal supervision.

Signed

*Elmer R. Cadwell*

Licensed Embalmer No. *4077*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.